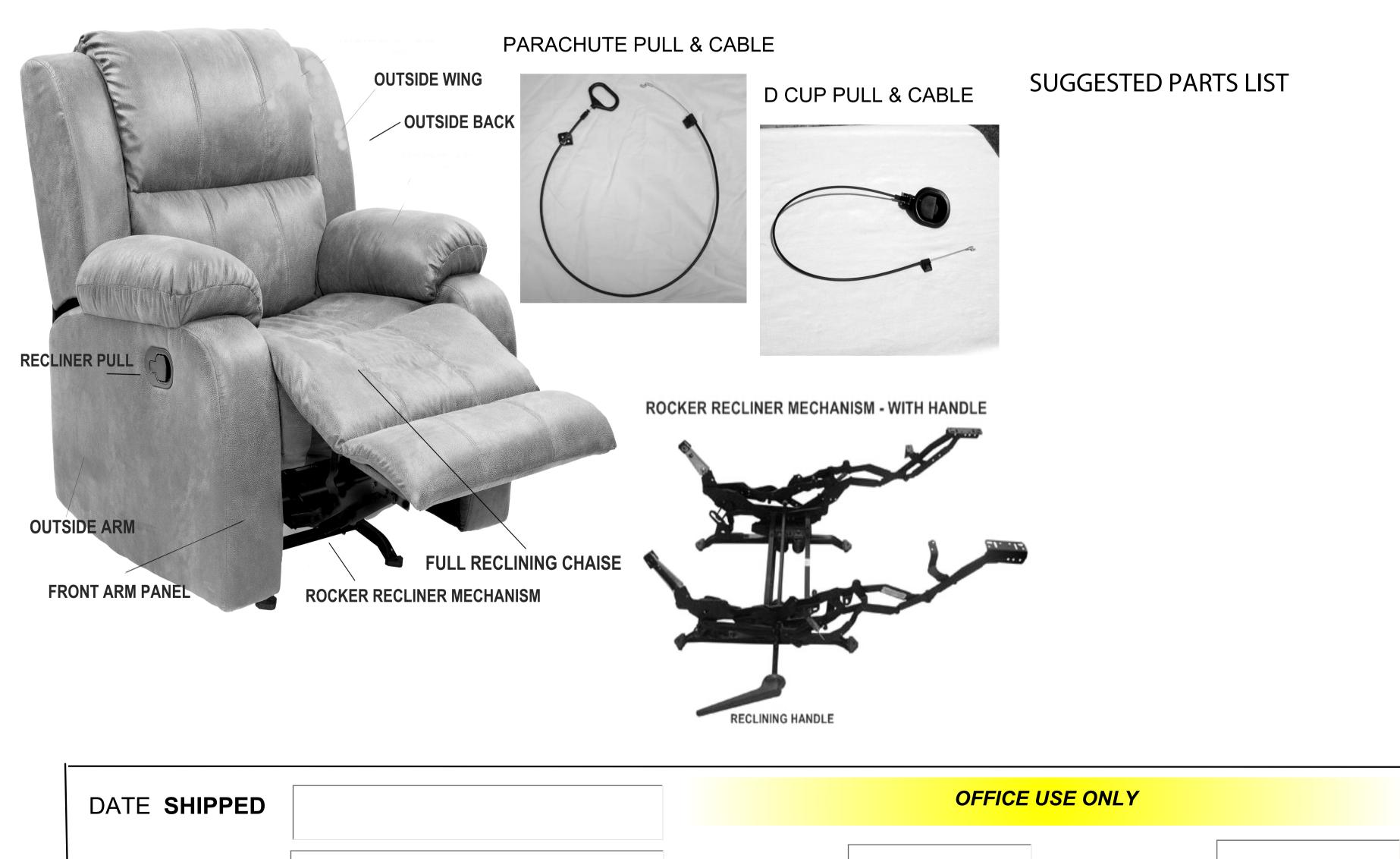
C. A. Munro Limited PART FORM - RECLINER OFFICE USE ONLY PART

******This form must be filled out completely and accurately before a PART will be considered*****

DEALER NAME DEALER ADDRESS		DATE PHONE FAX		
MODEL NO. WITH DESCRIPTION				
PART REQUIRED			QUANTITY	
REASON FOR PART				
(As much detail as possible)				
STORE STOCK?	EVER IN A CUSTOMER HOME?			
PLEASE NOTE THAT	BROKEN IS NOT A WARRANTY FUNCTION, F	PLEASE EXPL	AIN YOUR REASON FOF	
SIGNATURE:	PRINT:		DATE:	



INVENT	ORY
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ODER NUMBER

PART STOCK

